FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90145 011 ****61.25

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DOCUMENT # 748048

1. Corporation Name

TALL PINES PROPERTY OWNERS ASSOCIATION, INC.

431180 - 90145 - 11

Principal Place of Business	Mailing Address
C/O R & P MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104 US	C/O R & P MANAGEMENT 265 AIRPORT RD S NAPLES FL 34104 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/11/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2761036 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

R & R PROPERTY MGMT
265 AIRPORT ROADS
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, ALAN		1.2 NAME		
STREET ADDRESS	5601 CYPRESS HOLLOW WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP		
TITLE	~~TR~~ PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROORDA, LARRY		2.2 NAME		
STREET ADDRESS	2730 ARDIGIA LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		2.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRAUL, ROBERT		3.2 NAME		
STREET ADDRESS	6161 CYPRESS HOLLOW WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		3.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, WILLIAM J		4.2 NAME		
STREET ADDRESS	27940 NEW YORK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	~~Edward Ostolaza~~		5.2 NAME	Edward Ostolaza	
STREET ADDRESS	~~5631 Cypress Hollow Way~~		5.3 STREET ADDRESS	5631 Cypress Hollow Way	
CITY-ST-ZIP	~~Naples, FL 34109~~		5.4 CITY-ST-ZIP	Naples FL 34109	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	~~Tim Mauris~~		6.2 NAME	Tim Mauris	
STREET ADDRESS	~~160 Palm Drive #6~~		6.3 STREET ADDRESS	160 Palm Drive #6	
CITY-ST-ZIP	~~Naples, FL 34112~~		6.4 CITY-ST-ZIP	Naples FL 34112	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #